

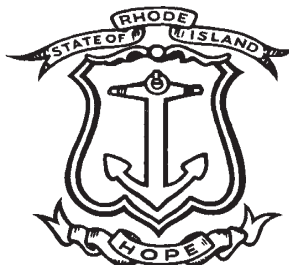
\*\*\*FOR OFFICE USE ONLY\*\*\*

**Checklist**

- ☐ App. & Fee  
Date: \_\_\_\_\_ Check \_\_\_\_\_  
☐ Proof of BACB Certification  
☐ Lic. Verification from other States

Psychologists ONLY:

- ☐ Curriculum Summary Form  
☐ Transcript



\*\*\*FOR OFFICE USE ONLY\*\*\*

License Number:

Issue Date:

Approved for Licensure:

Signature of Board Member

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island  
Applied Behavior Analyst  
Licensing Board**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License As A***

- ☐ Applied Behavioral Analyst (LBA)  
☐ Applied Behavioral Assistant Analyst (LABA)

Obtained By:

☐ **BACB Certification**

☐ **RI Psychologist**

**RI License Number:** \_\_\_\_\_

*Applicant - Print Name (First/MI/Last)*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

Revised 12/15/2015 jcp

# APPLICATION INFORMATION

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## Checklist for Obtained By BACB Certification

- ☐ Completed, Notarized Application with Cover Page - Mail to Board address on Cover Page
- ☐ Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$150.00** and attached to the upper left-hand corner of the first (Top) page of the application.  
THIS APPLICATION FEE IS NONREFUNDABLE
- ☐ Proof of Behavior Analyst Certification from BACB (Behavioral Analyst Certification Board)
- ☐ BCI - (Criminal Background Check) An original BCI obtained within the previous 6 months of application. You must apply to the Department of the Attorney General, at 150 South Main Street, Providence, RI 02903 (401) 274-4400 to obtain a BCI.
- ☐ License Verification (if applicable) Applicants who hold or have held an Applied Behavioral Analyst or Applied Behavioral Assistant Analyst license in any state must provide the completed Interstate Verification Form, provided in this application, from each of those states.

## Checklist for Obtained By RI Psychologist

- ☐ Completed, Notarized Application with Cover Page - Mail to Board address on Cover Page
- ☐ Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$150.00** and attached to the upper left-hand corner of the first (Top) page of the application.  
THIS APPLICATION FEE IS NONREFUNDABLE
- ☐ Active Rhode Island Psychologist License
- ☐ Official Transcript sent directly from the accredited school sent directly to the Board. No student copies will be accepted.
- ☐ BCI - (Criminal Background Check) An original BCI obtained within the previous 6 months of application. You must apply to the Department of the Attorney General, at 150 South Main Street, Providence, RI 02903 (401) 274-4400 to obtain a BCI.
- ☐ License Verification (if applicable) Applicants who hold or have held an Applied Behavioral Analyst or Applied Behavioral Assistant Analyst license in any state must provide the completed Interstate Verification Form, provided in this application, from each of those states.
- ☐ Curriculum Summary Form, provided in this application.

**Rules and Regulations:**     <http://sos.ri.gov/rules/index.php>

All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

To check if your license has been issued go to: <https://healthri.mylicense.com/Verification/>

NOTE: As of April 1, 2016 you may not practice in Rhode Island until you have received a license number. If you have any questions about this application process please contact the board staff at 401-222-2828.



# State of Rhode Island and Providence Plantations Applied Behavior Analyst Licensing Board

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

## 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

**NOTE:**  
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

## 2. Social Security Number

 -  - 

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

## 3. Gender

☐ Male☐ Female

## 4. Date of Birth

Month

Day

Year

## 5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

Country, If NOT U.S.

 - 

Home Phone

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

State

Zip Code

Postal Code, If NOT U.S.

 - 

Home Fax

## 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

**This address will appear on the Department of Health web site.**

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 - 

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

 - 

Business Fax



**12. Disciplinary Questions**

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? ☐ Yes ☐ No
- 
2. Have you ever been denied a license, certificate, registration or permit in any state? ☐ Yes ☐ No

**Note:** If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

**13. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Applied Behavior Analyst/Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Applied Behavior Analyst Licensing Board of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

Notary Seal



Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license.  
Copy this form as needed.

## Rhode Island Applied Behavior Analyst Licensing Board

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

### INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as an Applied Behavior Analyst in the State of Rhode Island. The Rhode Island Applied Behavior Analyst Licensing Board requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Applied Behavior Analyst Licensing Board at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

### THIS SECTION TO BE COMPLETED BY THE LICENSING AUTHORITY

**Directions for State Board:** Please complete and return this form to the address above. Please verify requirements met in your state:

Applicant is BACB Certified? ☐ Yes ☐ No

License Status:

☐ Active ☐ Inactive ☐ Lapsed

Original Date Issued:

Expiration Date:

#### Questions:

- Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
- Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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### Certification:

Signature

Date

Type or Print Name

Title

Full Name and State of Licensing Board

Please Affix  
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



## Rhode Island Applied Behavior Analyst Licensing Board

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable  
Copy this form as needed.

### CURRICULUM SUMMARY FORM (RI PSYCHOLOGISTS ONLY)

Applicant: Please complete this form which provides a brief summary of your credentials and file it with your application.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

1. Doctoral Degree (Check one):

☐ Ph.D ☐ Psy.D ☐ EdD ☐ Other (Specify)

2. Major field of concentration as indicated on official transcript being filed

3. Date doctoral requirements were satisfied, including successful defense of dissertation as indicated on transcript:

4. If major field was in clinical, counseling, school or industrial/organizational psychology, was the program an APA approved one? ☐ Yes ☐ No

5. Dates in which full-time graduate study was pursued:

6. Title of courses in which credits were earned that satisfy the following basic requirements:

(a) Ethical and Professional Conduct

(b) Concepts and Principles of Behavior Analysis:

(c) Research Methods in Behavior Analysis:

(d) Applied Behavior Analysis, Behavior Change Systems

7. Courses that satisfy the following core requirements:

(a) Fundamental Elements of Behavior Change and Specific Behavior Change Procedures:

(b) Identification of the Problem and Assessment:

(c) Intervention and Behavior Change Considerations:

(d) Implementation Management and Supervision